

Heritage University TRiO Student Support Services

Individual Success Plan

SMART Goal Setting

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | **S3 Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | | | | | | **Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_** | | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Academic Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Class Standing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Financial Aid Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Current Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_** | | | | | **Current Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** | | | | | | **Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  | | | | | | | | | | | | | | |
|  | | **Intention** | **Specific** | | | **Measurable** | | | | **Attainable** | | **Realistic** | **Time Based** | |
|  | | **What is it that you want to achieve?** | **Who? What? When? Where? Why?** | | | **How much? How Often? How Many?** | | | | **Achievable?** | | **Are there any barriers?** | **Realistic Timeline?** | |
| **Goal #1** | |  |  | | |  | | | |  | |  |  | |
|  | | | | | | | | | | | | Achieved | Not Achieved | |
| **Goal #2** | |  |  | | |  | | | |  | |  |  | |
|  | | | | | | | | | | | | Achieved | Not Achieved | |
| **Goal #3** | |  |  | | |  | | | |  | |  |  | |
|  | | | | | | | | | | | | Achieved | Not Achieved | |
|  | | **Intention** | **Specific** | | | **Measurable** | | | | **Attainable** | | **Realistic** | **Time Based** | |
|  | | **What is it that you want to achieve?** | **Who? What? When? Where? Why?** | | | **How much? How Often? How Many?** | | | | **Achievable?** | | **Are there any barriers?** | **Realistic Timeline?** | |
| **Goal #4** |  | | |  | |  | | | |  | |  |  | |
|  | | | | | | | | | | | | Achieved | Not Achieved | |
| **Goal #5** |  | | |  | |  | | | |  | |  |  | |
|  | | | | | | | | | | | | Achieved | Not Achieved | |
|  | | | | | | | | | | | | | | |
| **EVENTS/ACTIVITIES TO PARTICIPATE IN:**  **The section below is used to show the program activities you are interested in attending. It does NOT sign you up for event.**  **\*Mentor will contact with time and location** | | | | | | | | | | | | | | |
| **Event** | | | | | | | | **Date** | | | | | | |
| **1.** | | | | | | | |  | | | | | | |
| **2.** | | | | | | | |  | | | | | | |
| **3.** | | | | | | | |  | | | | | | |
| **ACADEMIC ADVISOR PLEASE READ TO STUDENT** | | | | | | | | | | | | | | |
| **By signing below, I agree to the above plan. I also agree that I will keep the Student Support Services staff informed of any changes in my plan including address, telephone numbers, email address, etc. Additionally, I agree to keep my Academic Advisor Informed of any changes to my enrollment, academic and/or financial aid status. I understand that I must continue to meet with my Academic Advisor each semester to update my file and complete a new Individual Success Plan. By failing to meet these requirements, I understand I may lose priority and the opportunity to participate in the**  **S3 TRiO Program.** | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | |  |
| **Student Signature Date** | | | | | | | | **Staff Signature Date** | | | | | | |